



Atty. Dkt. No. 016790-0450

2859
JW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ulrich KACZYNSKI

Title: CONTACT SENSOR, AND
APPARATUS FOR PROTECTING
A PROTRUDING COMPONENT

Appl. No.: 10/046,273

Filing Date: 1/16/2002

Examiner: G. Verbitsky

Art Unit: 2859

FEE ONLY

AMENDMENT TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] Amendment and Reply Under 37 C.F.R. § 1.111 (12 pages).

[X] The fee required for additional claims is calculated below:

	Claims As Amended	Previously Paid For	=	Extra Claims Present	x	Rate	=	Additional Claims Fee
Total Claims:	24	-	26	=	0	x	\$18.00	\$0.00
Independent Claims:	7	-	6	=	1	x	\$88.00	\$88.00
First presentation of any Multiple Dependent Claims:				+		\$300.00	=	\$0.00
						CLAIMS FEE TOTAL	=	\$88.00

10/28/2004 AJONES3 0000005 190741 10046273

01 FC:1201 88.00 DA

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[X] Extension for response filed within the third month:	\$980.00	<u>\$980.00</u>		
		EXTENSION FEE TOTAL:	<u>\$980.00</u>	
		CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:	<u>\$1068.00</u>	
[]	Small Entity Fees Apply (subtract ½ of above):		<u>\$0.00</u>	
			TOTAL FEE:	<u>\$1068.00</u>

[X] A check in the amount of \$1,068.00 is enclosed.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date October 13, 2004

By Stone A. Belobaba Reg. No. 43,438

FOLEY & LARDNER LLP
Customer Number: 22428
Telephone: (202) 672-5426
Facsimile: (202) 672-5399

for Glenn Law
Attorney for Applicant
Registration No. 34,371

BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

101046273
102-46273

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	20	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20 =	* 0
INDEPENDENT CLAIMS	3 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
			Minus	
Total	• 26	Minus	- 20	= 6
Independent	• 3	Minus	*** 3	= —
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY TYPE

RATE	FEES
BASIC FEE	370.00
X\$ 9=	
X42=	
+140=	
TOTAL	

OTHER THAN SMALL ENTITY

RATE	FEES
OR BASIC FEE	740.00
OR X\$18=	
OR X84=	
OR +280=	
OR TOTAL	740.00

SMALL ENTITY OR OTHER THAN

RATE	ADDITIONAL FEE
X\$ 9=	1
X42=	/
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
OR X\$18=	108.00
OR X84=	/
OR +280=	
OR TOTAL ADDIT. FEE	108.00

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
			Minus	
Total	• 24	Minus	- 24	= -
Independent	• 6	Minus	*** 3	= 3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
OR X\$18=	
OR X84=	1258
OR +280=	
OR TOTAL ADDIT. FEE	1258

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
			Minus	
Total	• 24	Minus	- 24	= -
Independent	• 8	Minus	** 7	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
OR X\$18=	
OR X84=	8800
OR +280=	
OR TOTAL ADDIT. FEE	8800

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.